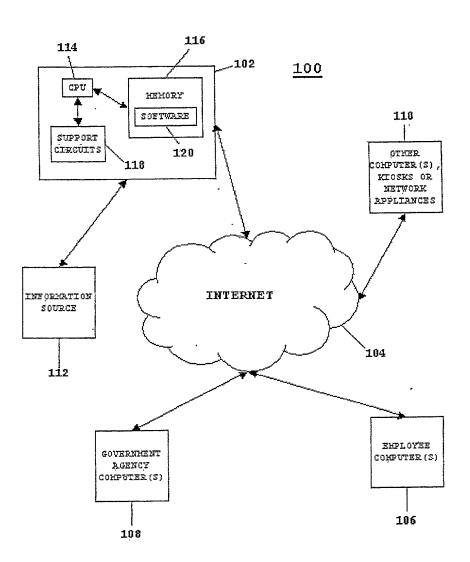
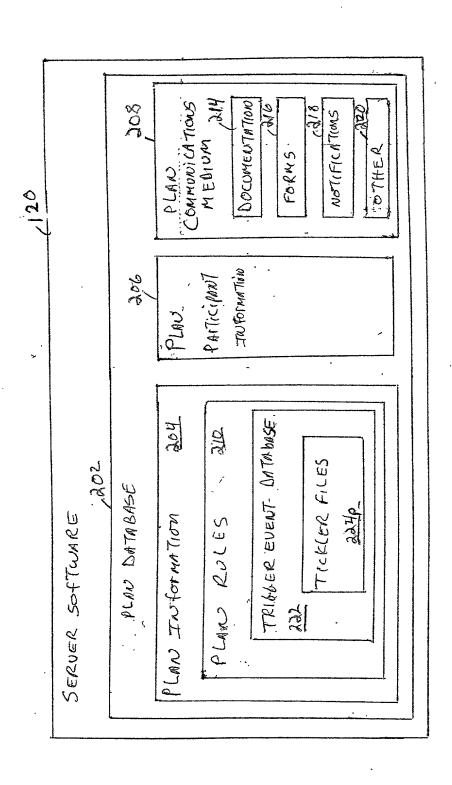
FIGURE 1

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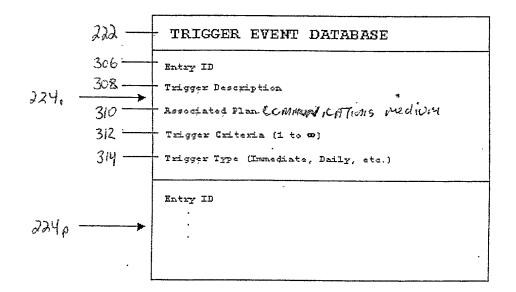
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FIGURE 3



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412,	NOTES	won't apply to most defined benefit plans or money purchase plans	some defined benefit plans will pay no benefit in the event of death a single participant and only benefit to spouse if married and such a plan would not require this form	-
410,	TYPES OF PLANS APPLICABLE TO	all plans which require or permit employee contributions; some that do not	almost all plans	plans which permit naming another beneficiary (most plans do)
400	REQUIRED FIELDS	Name of Employee Social Security Number Date of birth Date of hire Employer's EIN 3-digit Plan Number Plan's minimum age requirement Plan's minimum service requirement Hours of service Breaks in Service Employment Status	Name of employee Employee marital status Social Security Number Employer EIN 3-Digit Plan Number Employee's enrollment date Date of request Employee Date of birth Employment Status	Name of employee Employee marital status Social Security Number Employer EIN 3-Digit Plan Number Prior consent on file? Employee Date of birth Employee date of enrollment Employee date of hire
7	WHEN	before entry date	before entry date and as requested	as part of beneficiary designation form or separate form
\ \ \	МНО	eligible employees based on age, service, classification, etc. per plan document	eligible employecs alternate payces beneficiaries of deceased participants, if plan has provisions for	eligible employees
, ;	4.02	Enrollment Form	Beneficiary Designation Form	Spousal Consent to Naming Another Beneficiary Form

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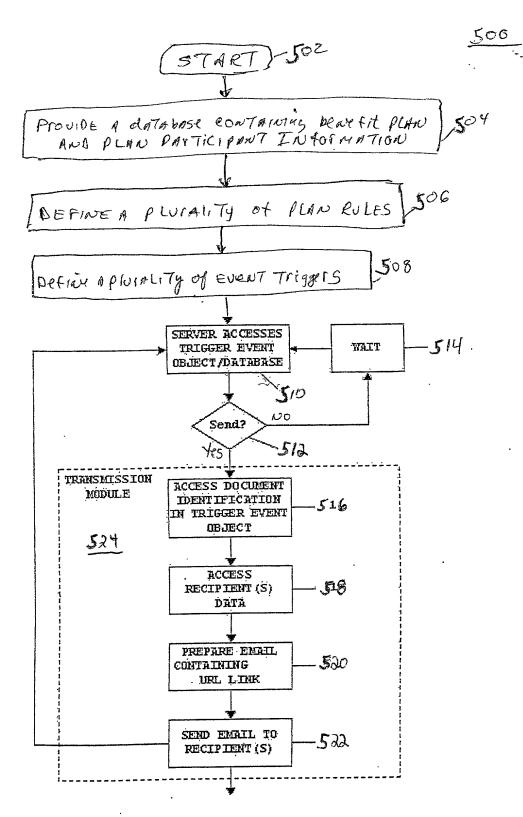
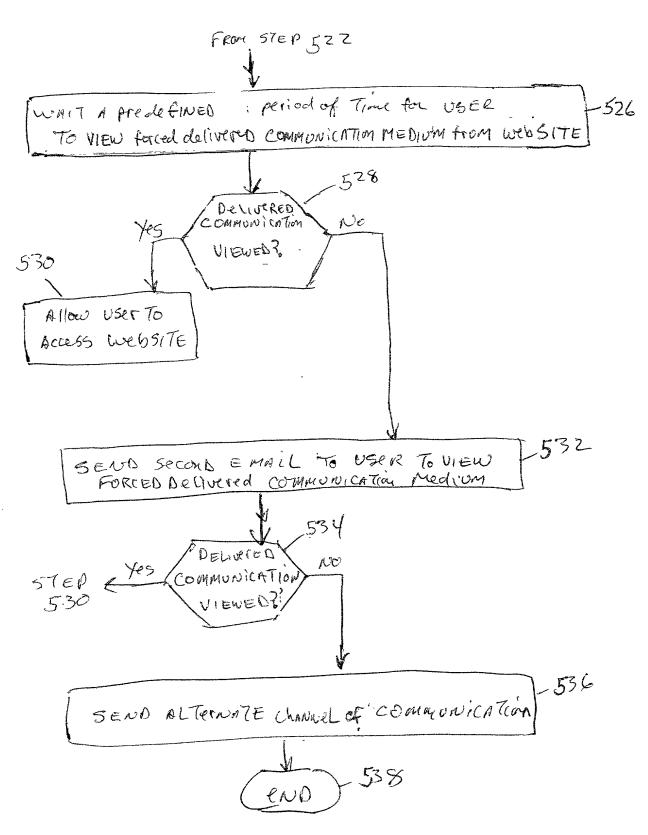


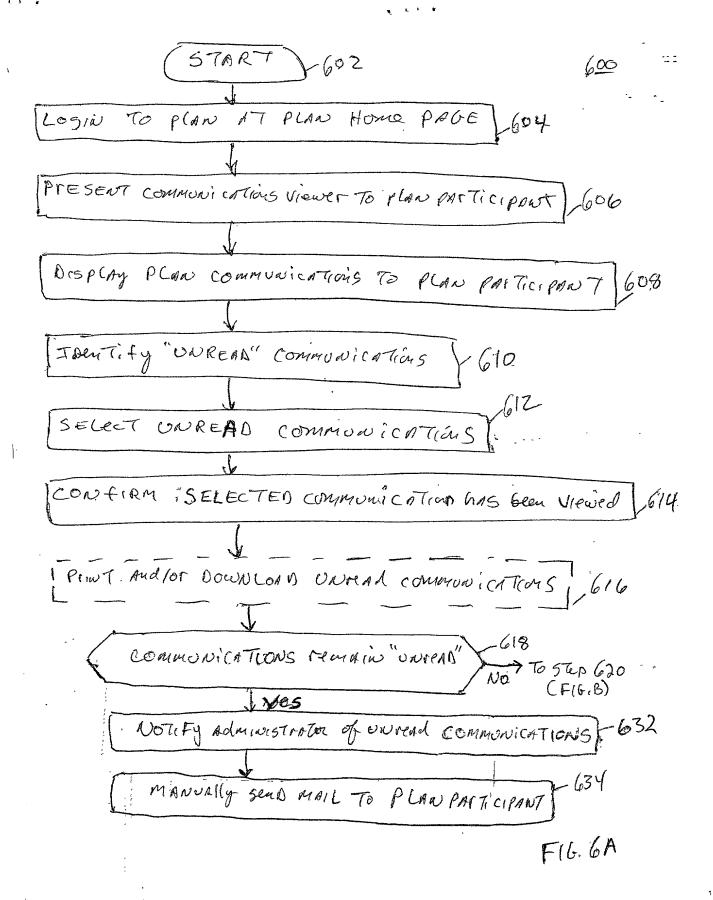
FIG.5A

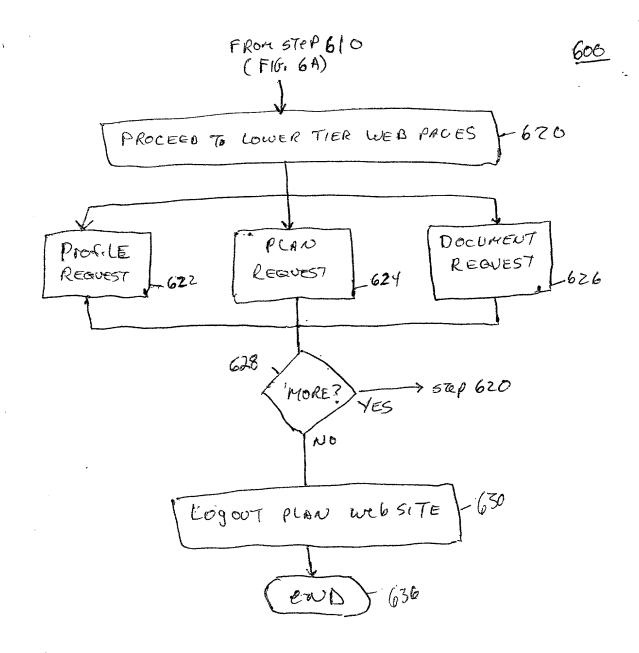
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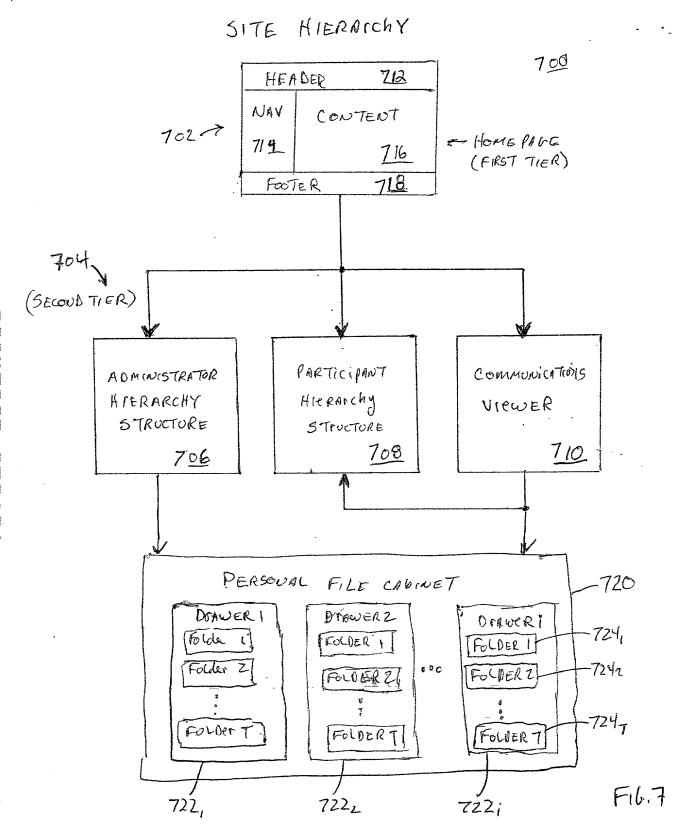
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F. G. 5B

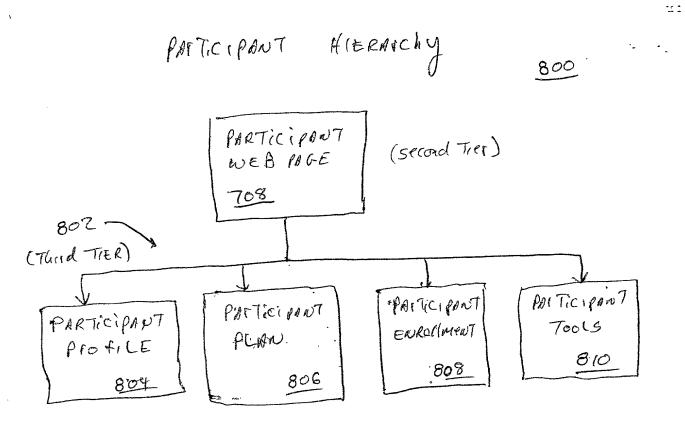




F16.6B

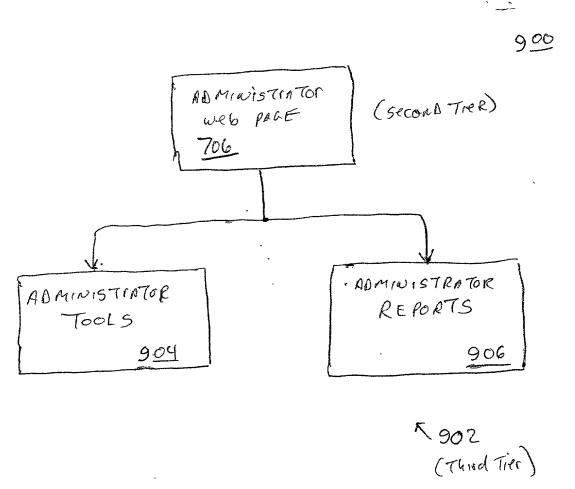


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